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1827  
W. L. A.

Epagon

Pneumonia Peliosa

by

Benjamin A. Wastling  
of

Harrisburg Pennsylvania.

Copy made  
1897  
to P. H.



of the

# medical

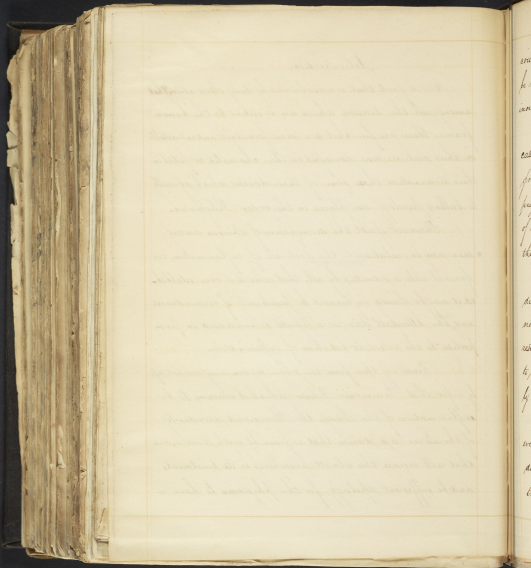


### Introduction.

It is a fact, that is corroborated by daily observation, that among all the diseases which are incident to the human frame, there are few that are more formidable and intractable in their nature, more diversified in their character, or fatal in their termination than some of those diseases which, as usually to Syllabus nosology, are placed in the order Phlegmasia.

However great the discrepancy of opinion among  
\* men may be, relative to the doctrine of inflammation, one general rule is admitted by all, that when it is once established, it may be greatly influenced by peculiarity of circumstances, and the attendant danger is lessened or increased in proportion to the extent or location of inflammation.

Reasoning then from the above axiom may we not safely infer that Pneumonia Peliosa (which I conceive to be inflammation of the Lungs, the Pleura, and secondarily of the Liver) is a disease that is fraught with danger, one that will require the utmost promptness in its treatment, and be sufficient apology for the physician to have re-



course to means, which under different circumstances would be harsh, and contraindicated, in order to arrest it in its ruinous career, and to restore the system to its wonted integrity.

Having lately had, an opportunity of treating some cases of this disease, and desiring to become a candidate for graduation the ensuing Spring, I deemed it (Pneumonia) an appropriate subject for my inaugural essay, and hope that the mode of treatment which I adapted may meet the approbation of the medical faculty.

Aware of the diversity of symptoms, by which this disease is ushered in under different circumstances, it is not my intention to give an elaborate description of it, but will restrict myself to it, as it ordinarily prevails. Neither, do I intend to mention all the different ways it may terminate, but merely to notice <sup>the</sup> one, which I consider the most common.

With a view of introducing some order into this essay, that will enable me to treat the subject with more perspicuity, I shall divide the disease into three stages, the incipient or forming, the confirmed or inflammatory, and the depressed or linc stage.

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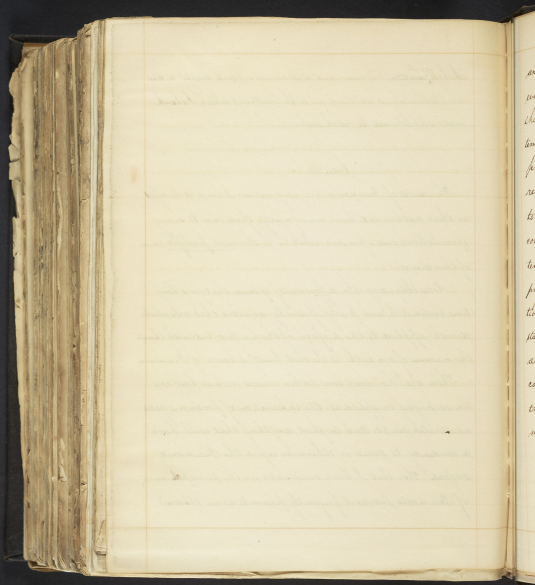
I shall <sup>first</sup> mention the causes and symptoms, then I will briefly notice the Pathology, and conclude with treatment which I think most appropriate to each stage.

### Causes.

The causes of Pneumonia are, very numerous, and diversified in their nature, and have consequently given rise to many speculations and opinions relative to the most prolific source of this disease.

Notwithstanding the difference of opinion that for a long time existed, it is now pretty generally admitted that cold, whether directly applied to the surface of the lungs, or indirectly through the medium of sympathy is the most fruitful cause of Pneumonia.

There are however some other causes, such as long continued singing or speaking; the inhalation of poisonous gases adulterated air &c. And in short, anything that will have a tendency to strain or otherwise injure the Pneumonic organs. Those that I have enumerated, are the principal causes of Pneumonia but, as it frequently pre-acts, as an epidemic.



and as, agreeably to, an established law of nature, no effect can  
ever be produced without a cause, it necessarily follows, that  
there must be some latent cause, which, by acting on the sys-  
tem generally, creates a more than ordinary liability to  
pneumonic inflammation. Taking all the circumstances  
relative to this disease into consideration I am constrained  
to agree with a late writer, who asserts that this peculiar  
condition of the lungs is occasioned by some past or present dis-  
temperature of the atmosphere; which, makes a morbid im-  
pression on those organs, and produces a tendency to inflamma-  
tion. This fact I trust is sufficiently corroborated by the circum-  
stances, that an individual may be exposed to all the causes  
above enumerated with perfect impunity when this peculiar  
condition of the atmosphere does not exist, whereas, when  
the converse obtains the least exposure may produce pneu-  
monia, accompanied by a train of symptoms truly alarming.

\* severe pain in the right hypochondriac region



### Symptoms.

The incipient stage of Pneumonia is generally recognized by a slight chill, weak pulse, great pain in the limbs and head, a pain of a peculiar piercing nature in different places in the breast, the patient ordinarily breathes very hard, is troubled with more or less cough, in some instances he cannot expectorate, though sometimes the cough is attended by an expectoration of viscid, opaque mucus; the cheeks become flushed, the headache more violent, and if the disease be not arrested it will terminate in confirmed Pneumonia.

The symptoms which characterize the second stage are more violent. The pain in the breast has now become stationary, the cough considerably aggravated, the pulse is full, frequent and tense, there is great restlessness and anxiety, high fever; the carotid and temporal arteries pulsate violently; respiration is hurried and painful, particularly when the patient endeavors to take a full inspiration, there is great irregularity in the action of the intercostal muscles, the cough <sup>is</sup> dry, and if there is any expectoration it is a thin mucous tinged with

the ambitious, discharges from the bowels,

blood, the tongue dry and polished, the urine is scanty and deposits a luteous sediment, the patient is unable to lie on affected side &c.

The last stage somewhat resembles Typhus fever. The skin is cold and shrivelled, the tongue dry and of a dark, livid colour, the pulse small and compressible, the stomach almost devoid of sensibility, the bowels discharge a dark watery fluid, nervous irritability is very much impaired, the cutaneous veins are almost empty, the respiration is short irregular, attended by a peculiar rattling noise in the throat, the patient becomes delirious, his countenance is cold and cadaverous, the pulse is now scarcely perceptible, <sup>the</sup> strength is almost exhausted, and death soon terminates the scene unless relief be afforded.

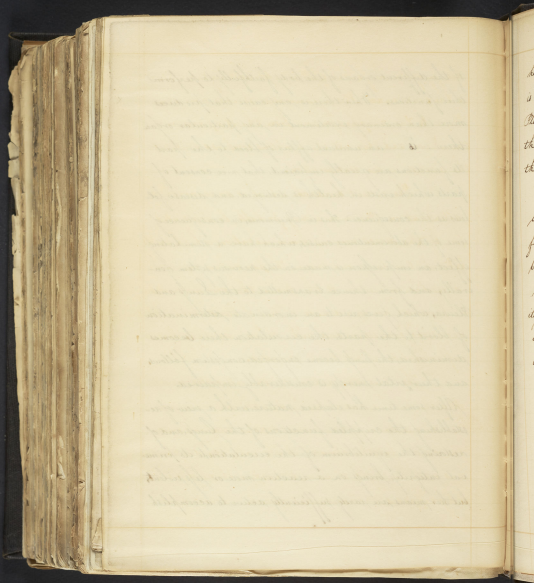
### Pathology.

Health may be said to consist in an equal excitement being kept up in the nervous system, in the maintenance of the equilibrium of the circulation, and in the ability



of the different organs of the body faithfully to perform their functions. When there is any cause that produces more than ordinary excitement in any particular organ there is an unusual afflux of blood to the part its functions are greatly impaired, that nice consent of parts which exists in health is destroyed, and disease follows as the consequence. Thus in Pneumonia, in consequence of some of the abovementioned causes, which have a stimulating effect, an impression is made on the nervous system generally, and from thence transmitted to the Lungs and Pleura, which gives rise to an inordinate determination of blood to the parts, the circulation there becomes diminished, the lungs become engorged, congestion follows, and their vital energy is considerably impaired.

After some time has elapsed nature, with a view of re-establishing the crippled functions of the Lungs, and of restoring the equilibrium of the circulation to its primal integrity, brings on a reaction more or less violent, but her means are rarely sufficiently active to accomplish



her purpose, she fails in the attempt, and inflammation is the consequence. This inflammation spreads from the Pleura, to the Diaphragm and from the diaphragm to the Liver, and then all the symptoms combined constitute the disease under consideration.

The violent headache which is an invariably attendant on Pneumonia may probably be accounted for by the direct nervous communication, which exists between the lungs and brain. The paracardium transmits a morbid impression to the brain, this nervous excitability produces an inordinate afflux of blood thither, which occasions congestion, and will cause an Apoplexy or inflammation, if not timely arrested.

The irregular action of the intercostal muscles, and the hurried and broken respiration may arise from the circumstance of the pleura costalis being inflamed, the patient breathes almost entirely with the diaphragm, and when an effort is made to inspire, the chest is, more or less expanded, the intercostal muscles are called into

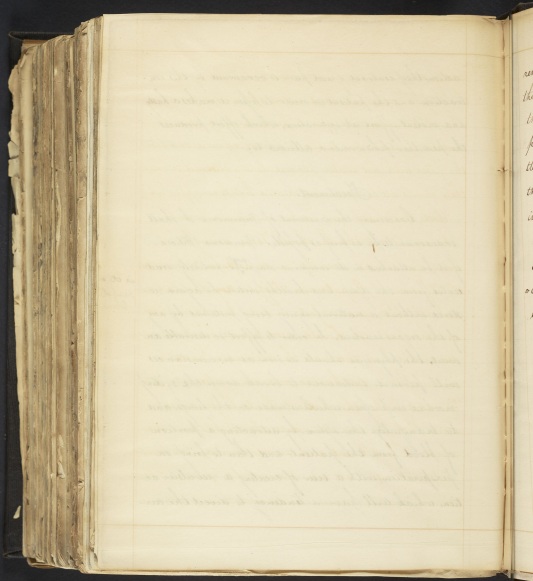




action, they contract, great pain is occasioned by this contraction, and the patient in order to lessen it, makes a hasty and violent effort at expiration, which effort produces the peculiar phenomena alluded to.

### Treatment.

Concerning the treatment of Pneumonia I shall endeavour to be as brief as possible. Pneumonia Biliosa if it be attacked in its incipient stage, <sup>may</sup> be entirely eradicated from the system, and healthy action be again restored without a material injury being sustained by any of the organs involved. In order to effect so desirable an event, the physician should as soon as circumstances will permit, endeavour to break down the existing morbid impression which is made on the lungs, and to tranquilize the system, by detracting a portion of blood from the patient, and then to bring on perspiration, with a view of creating a revulsive action, which will have a tendency to divert the cur-



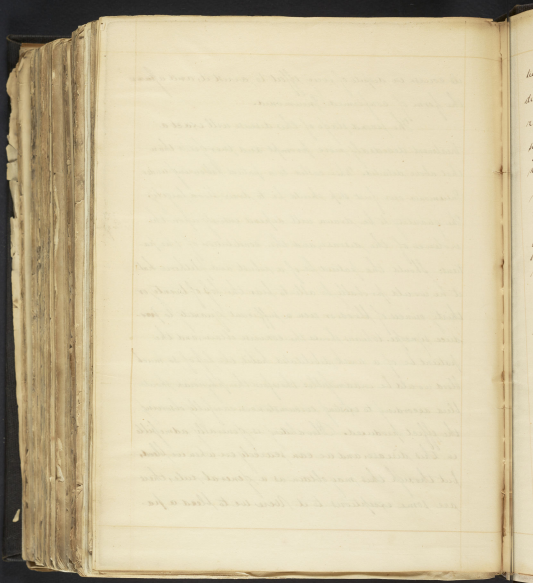
rent of blood from the thoracic and abdominal vessels to the surface of the body, and restore the equilibrium of the circulation. In order to produce perspiration, the patient should be put to bed, be warmly covered, and for this filled with hot water placed to his extremities, or if these should not be convenient, heated bricks wrapped up in cloths that have been soaked in vinegar or water.

In conjunction to this he should <sup>take</sup> large draughts of warm and diluent drinks, such as Balm or Sage tea or a <sup>warm</sup> infusion of Eupatorium *Gibbifolium*. Should however all these remedies fail: in order to accomplish our purpose we should resort to more energetic means. We should first evacuate the alimentary canal by means of some cathartic medicine: after the <sup>has</sup> operated freely, the patient should be placed in a warm bath for some time, and when he is taken out, he should be put to bed and warmly covered with blankets. Notwithstanding all our endeavours to check the disease, it sometimes proves very intractable, and will run

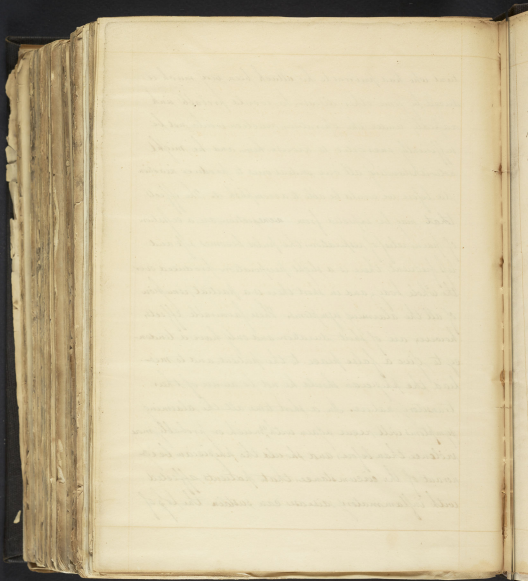


its course in, despite of every effort to arrest it, and assumes the form of confirmed Pneumonia.

The second stage of this disease will exact a treatment decidedly more prompt and energetic than that above detailed. When called to a patient labouring under Pneumonia our first step should be to draw blood largely; The quantity to be drawn will depend entirely upon the violence of the disease, and the constitution of the patient: Should the patient be of a robust and plethoric habit he would probably be able to bear the loss of twenty or thirty ounces of blood, or even a sufficient quantity to produce syncope. whereas should the converse obtain, and the patient be of a weak debilitated habit, the loss of so much blood would be inadmissible: therefore the physician should bleed according to existing circumstances, carefully observing the effect produced. Bloodletting is generally admissible in this disease, and we can scarcely err when we bleed, but though this may obtain as a general rule, there are some exceptions to it. Were we to bleed a pa-



tant who had previous to his attack been very much reduced by some other disease, he would probably sink rapidly under the operation, reaction would not be sufficiently energetic to arouse him, and he might notwithstanding all our endeavours to produce reaction die before we would be able to accomplish it. The effects that may be expected from resection, are, a cessation of pain, relief of respiration, the pulse becomes soft and less frequent, there is a slight perspiration produced over the whole body, and in short there is a partial remission of all the alarming symptoms. These favourable effects, however are of short duration, and only have a tendency to give a false peace to the patient, and to mislead the physician should he not be aware of their transitory nature. In a short time all the alarming symptoms will recur again with, <sup>as</sup> much or probably more violence than before, and should the physician be ignorant of the circumstances, that patients affected with inflammatory diseases can sustain the loss of





very great quantities of blood it would be a source of great  
embarrassment to him. The only alternative therefore, that  
we have in case there should be a recurrence of alarming  
symptoms, is to resort to the lancet again, the patient  
would probably be able to lose as much blood as at the  
first bleeding, and generally the same favourable effects  
would follow.

When we have derived all the benefit that we can  
rationally expect from bloodletting we should have re-  
course to some remedy to evacuate the alimentary canal.

The one which I found the most effectual was the fol-  
lowing Protochloride of mercury given.

Spicasuanha =  $\text{grss}^{\text{ss}}$  given at once  
suspended in common syrup. If this did not operate freely  
on the bowels I generally gave sulphate of Magnesia  $\frac{ij}{3}$ ,  
which commonly produced the desired effect. After  
these remedies had operated freely, the patient was much  
relieved the system was for a while tranquilized, and the  
patient was able to expectorate a little. In order to  
promote expectoration, and produce a slight per-



operation we should administer some ~~new~~ medicine that would produce this effect. The following formula I have found more beneficial than any I ever administered.

℞ of Nitro ℞i  
Gum Arabic ℞iſs  
Emetic Tartar ℞ss  
Water — — ℞iij.

Of this mixture I gave a table spoonful every two or three hours according to circumstances, if it produced emesis I reduced the quantity, or gave it at longer intervals, and the patient was ordered to drink warm flax seed tea or a warm infusion of snake root as his common drink. In conjunction with the above remedies I administered every morning and evening five or six grain of Calomel, or if this purged too much I diminished the quantity. My reason for administering the Calomel in such ~~repeated~~ repeated doses was, to endeavour to make an impression on the system, that would supplant the disease and establish in its stead a more healthy action. When the system is sufficiently reduced by the remedies above

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mentioned, and the patient complains of pain in the breast I applied a large blistering plaster over the part where he experienced the most pain. If the patient was refractory and would not allow the application of a blister I substituted warm applications, such as bran and salt which had been warmed in a pan or some other vessel I put them in a small bag, and laid them on as hot as the patient could bear.

As I have above detailed, such was the mode of cure that I generally resorted <sup>to</sup> to arrest the acute form of Pneumonia, and I am happy to say, that I rarely fail.

If however it should not be in our power to arrest the disease, or we should <sup>not</sup> have been consulted before it had degenerated into the low or depressed stage, a new train of symptoms will supervene that will demand a treatment directly the reverse of that which I have given above. We should immediately lay aside all remedies of a depleting nature, and have recourse to a different class of medicine, I allude to such as would stimulate the system, and have a tendency <sup>to</sup> arouse the patient from this low and depressed condition. I have used many



of the stimulating articles with this intention, such as, Camphor, Brandy, Carbonate of Ammonia &c. and the remedy which I found most efficacious was the Carbonate of Ammonia. The manner in which I administered it was as follows

Carbonate of Ammonia ℥ij  
Pulverized Gum Arabic ℥ij  
Emetic Tartar — ℥viii  
Water — ℥iv

Of this mixture I gave a large tablespoonfull every two or three hours, according to circumstances. I also ordered that the patient should have wine whey to drink whenever he became thirsty. These remedies I generally continued until the patient's system began to react, I then discontinued them and resorted to tonic remedies. It may be proper to remark, that <sup>the</sup> Tartar Emetic acted very beneficially in combination with the Carb. Ammonia, it produced in almost every instance a copious expectoration of thick yellowish mucus, and the surface of the body became soft and moist. We might be induced to suppose that





Tartar Emetic in such doses, would produce nausea or even vomiting, but this was not the case in those instances in which I used it. This circumstance probably arose from the want of irritability of the stomach, which is almost an invariable attendant of this stage of the disease.

